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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: March 24, 2006

TO: Examiner Daniel J. Jenkins  
Group Art Unit: 1742  
Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/795,968  
For: HIGH CAPACITANCE NIOBIUM POWDERS AND  
ELECTROLYTIC CAPACITOR ANODES  
Our Ref: 99066CON2 (3600-198-02)

FROM: Luke A. Kilyk, Esq.<sup>1/2</sup>

FAC. TEL. NO.: 1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 13

Items Attached: Request for Continued Examination and copy of  
Request for Reconsideration filed February 24, 2006,  
with Declaration Under 35 CFR §1.132 – 10 pages  
Petition for 3-month Extension of Time -- 1 page  
Fee Transmittal – 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on March 24, 2006.

Kim Blum  
Name (Print)

*Kim Blum*  
Signature

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,360.00)

## Complete if Known

Application Number	10/795,968
Filing Date	March 8, 2004
First Named Inventor	HABECKER et al.
Examiner Name	Daniel J. Jenkins
Art Unit	1742
Attorney Docket No.	99066CON2 (3600-198-02)

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## METHOD OF PAYMENT (check all that apply)

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Deposit Account Name	Cabot Corporation

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1012	200	2012	100	Design filing fee	
1013	200	2013	100	Plant filing fee	
1014	300	2014	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (\$0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20% =	X	=
			-3% =	X	=

Large Entity	Small Entity	Fee Description
1202	20	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple dependent claim, if not paid
1204	200	2204 100 **Reissue independent claims over original patent
1205	50	2205 25 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

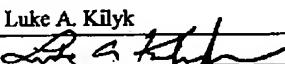
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Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$1,360.00)

Complete if applicable

Submitted By	Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Telephone
	Luke A. Kilyk		33,251	1-540-428-1701

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